PTO/SB/06 (08-00)
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o a collection of information unless it displays a valid OMB control number. o persons are required to respond Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 09/965,987 (H0001705) OTHER THAN **CLAIMS AS FILED - PART I** SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) FOR NUMBER FILED NUMBER EXTRA RATE FEE RATE **FEE** BASIC FEE \$ OR S (37 CFR 1.16(a)) TOTAL CLAIMS 25 45 minus 20 -OR INDEPENDENT CLAIMS 3 6 minus 3 = OR (37 CFR 1.16(b)) (37 CFR 1.16(d)) MULTIPLE DEPENDENT CLAIM PRESENT OR TOTAL TOTAL OR ★ If the difference in column 1 is less then zero, enter "0" in column 2 OTHER THAN **CLAIMS AS AMENDED - PART II** OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER **PRESENT RATE** TIONAL **RATE** TIONAL AMENDMENT **AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total 44 Minus 45 0 x \$ (37 CFR 1.16(c)) OR Independent 84 252 9 Minns 6 3 G7 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL OR TOTAL 252 ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL RATE TIONAL **AMENDMENT AFTER** PREVIOUSLY **EXTRA** FEE FEE AMENDMENT PAID FOR OR Total (37 CFR 1.16(c)) Minus = ς\$ OR Independent Minus OR (37 CFR 1.16(b)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM 07 CFR 1.16(d)) OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Cohmm 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL RATE TIONAL **AMENDMENT AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total \*\* Minus = x \$ OR Independent Minus OR (37 CFR 1.16(d)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR

Burden Hour Statement: This form is estimated to take 0.2 hours in complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Officer, washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Puterns, Washington, DC 20231.

TOTAL

FECHNOLOGY CENTER 2800

ADDIT. FEE

OR

TOTAL

ADDIT. FEE

<sup>\*</sup> If the entry in column 1 is less than the entry in column 2, write "O" in column 3.

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.